



Welcome to Rockhill Pet Clinic! Thank you for giving us the opportunity to care for your pet. So that we may become better acquainted with you and your pet, please complete the following information.

### Client Information

**Name:** (Last, First) \_\_\_\_\_ Ms/Mrs/Mr/Dr      **Date:** \_\_\_\_\_

**Spouse/Significant Other/Co-Owner:** (Last, First) \_\_\_\_\_ Ms/Mrs/Mr/Dr

**Children:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**Primary Phone:** \_\_\_\_\_ Home  Cell  Work

**Alternate Phone:** \_\_\_\_\_ Home  Cell  Work

**Email:** \_\_\_\_\_      **Alternate Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_      **Phone** \_\_\_\_\_

**Please indicate how you would like to receive reminders and appointment confirmations:** Phone  \_\_\_\_\_ Text  \_\_\_\_\_ Email  \_\_\_\_\_

**How did you hear about us?**       Facebook       Online Search       Clinic Sign  
 Clinic Website       Referred by: \_\_\_\_\_       Other \_\_\_\_\_

**Please list all pets in your household with their name and species:**  
\_\_\_\_\_  
\_\_\_\_\_

### Pet Information

**Pet's Name:** \_\_\_\_\_      **Age/Birthday:** \_\_\_\_\_

**Species:**  Cat  Dog      **Breed (if known):** \_\_\_\_\_

**Color:** \_\_\_\_\_ **Gender:**  Male  Female **Spayed/Neutered:**  Yes  No

**Where did you obtain your pet?** \_\_\_\_\_

**How long have you owned this pet?** \_\_\_\_\_

**Is your pet microchipped?**  Yes  No      **Chip #:** \_\_\_\_\_

**My Pet's environment is:**  Indoors Only       Indoors unless outside with supervision

\*\*\*\*PLEASE CONTINUE ON THE REVERSE SIDE\*\*\*\*

Date of last vaccinations (if known): \_\_\_\_\_

Where can we call for records? \_\_\_\_\_

Does your pet have allergies?  Yes  No If "yes," please explain: \_\_\_\_\_

Has your pet ever had a reaction to vaccines or medications?  Yes  No

If "yes," please explain: \_\_\_\_\_

**My pet eats:**

Name of Dry Food: \_\_\_\_\_ Daily Amount: \_\_\_\_\_

Name of Canned Food: \_\_\_\_\_ Daily Amount: \_\_\_\_\_

Name of Treats : \_\_\_\_\_ Daily Amount: \_\_\_\_\_

**In order to best care for your pet, please list all medications and/or supplements that they are currently taking:** \_\_\_\_\_

**Please list any current health problems or concerns:** \_\_\_\_\_

**Is your pet currently taking heartworm Prevention?**  Yes  No

If "yes," date last given: \_\_\_\_\_ How often do you give it? \_\_\_\_\_

**Is your pet currently taking flea prevention?**  Yes  No

If "yes," date last given: \_\_\_\_\_ How often do you give it? \_\_\_\_\_

**Would you like to receive monthly reminders for heartworm and flea prevention?**

Yes  No  Text  Email

**Professional fees are due at the time services are rendered.**

We currently accept Cash, Checks, Visa, MasterCard, Discover, and CareCredit.

**Photo ID is required for Check or Credit payment.**

Please provide us with a photo ID that we may keep on file.

If you prefer that we not keep your ID on file, we will ask that you provide it at the time of payment.